



Medicare Advantage & Prescription Drug Plan

Collaborating

Communicating

Transforming

FALL CONFERENCE & WEBCAST

**September 8, 2016
9:30 am – 4:30 pm EDT**

CONFERENCE GUIDE



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Program Overview



MS experts will be coming together to provide important new information for the Medicare Advantage and Prescription Drug Plan Sponsoring Organizations, CMS staff and other CMS partners, staff-level operations, mid-level management and senior executives regarding updates to existing Medicare policies, new policies, policy updates, and technology updates; provide enrollment and eligibility understanding for various Medicare beneficiaries; and how to fight fraud and abuse within the Medicare program.

This one-day event will be held on **Thursday, September 8, 2016, from 9:30 am to 4:30 pm EDT** and will consist of sessions presented by subject matter expert speakers who will share information on the following topics:

- **Options for Adjusting Star Ratings for Audits and Enforcement Actions**
- **Medicare Advantage Application Operational Changes**
- **Improving Operations Through Audits**
- **Online Provider Directory Review**
- **Care Coordination Measure Development**
- **Reducing Inappropriate Billing of Qualified Medicare Beneficiaries (QMBs)**
- **Overview of the Comprehensive Addiction and Recovery Act (CARA)**
- **Anti-Discrimination Rules and Regulations**
 - **Communication for People with Disabilities (Section 504)**
 - **Communication for People with Limited English Proficiency (Section 1557)**



Agenda



8:30 am - 9:30 am	CHECK-IN/BADGING
9:30 am - 9:40 am	Welcome Stacey Plizga, PRI, Moderator
9:40 am - 9:45 am	Opening Remarks Sean Cavanaugh, Deputy Administrator and Director, Center for Medicare, CMS
9:45 am - 10:15 am	Options for Adjusting Star Ratings for Audits and Enforcement Actions: Listening Session Elizabeth Goldstein, Medicare Drug Benefit and C&D Data Group, Center for Medicare, CMS Michelle Ketcham, Medicare Drug Benefit and C&D Data Group, Center for Medicare, CMS Alice Lee-Martin, Medicare Drug Benefit and C&D Data Group, Center for Medicare, CMS Sarah Gaillot, Medicare Drug Benefit and C&D Data Group, Center for Medicare, CMS
10:15 am - 10:45 am	Medicare Advantage Application Operational Changes (Panel) Stacy Davis, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS Theresa Wachter, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS Marty Abeln, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS
10:45 am - 11:45 am	Improving Operations Through Audits Michael DiBella, Medicare Parts C and D Oversight and Enforcement Group, Center for Medicare, CMS Jennifer O'Brien, UnitedHealthcare Kate Metzler, UnitedHealthcare Alison Green, UnitedHealthcare Jennifer Smith, Medicare Parts C and D Oversight and Enforcement Group, Center for Medicare, CMS
11:45 am - 12:45 pm	LUNCH BREAK
12:45 pm - 1:30 pm	Online Provider Directory Review Jeremy Willard, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS Christine Reinhard, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS
1:30 pm - 2:15 pm	Care Coordination Measure Development Donna Williamson, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS Susan Radke, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS Sarah Pedersen, IMPAQ International, Inc. Erin Giovannetti, National Committee for Quality Assurance (NCQA)
2:15 pm - 2:45 pm	Reducing Inappropriate Billing of Qualified Medicare Beneficiaries (QMBs) Kim Glaun, Federal Coordinated Health Care Office, CMS
2:45 pm - 3:00 pm	AFTERNOON BREAK
3:00 pm - 3:20 pm	Overview of the Comprehensive Addiction and Recovery Act (CARA) Lisa Thorpe, Medicare Drug Benefit and C&D Data Group, Center for Medicare, CMS Chad Buskirk, Medicare Drug Benefit and C&D Data Group, Center for Medicare, CMS
3:20 pm - 4:00 pm	Anti-Discrimination Rules and Regulations <ul style="list-style-type: none"> Communication for People with Disabilities (Section 504) Randy Brauer, Offices of Hearings & Inquiries, CMS Jim Slade, Offices of Hearings & Inquiries, CMS Communication for People with Limited English Proficiency (Section 1557) Arlena Williams-Smith, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS
4:00 pm - 4:30 pm	Open Q & A Session
4:30 pm	CLOSING REMARKS

Session Summaries



Opening Remarks

Sean Cavanaugh, MPP, Deputy Administrator and
Director of the Center for Medicare, CMS

Options for Adjusting Star Ratings for Audits and Enforcement Actions: Listening Session

Elizabeth Goldstein, PhD, Acting Deputy Director, Division of Consumer Assessment
and Plan Performance, Medicare Drug Benefit and C & D Data Group,
Center for Medicare, CMS

Michelle Ketcham, PharmD, MBA, Director, Division of Clinical & Operational
Performance, Medicare Drug Benefit and C & D Data Group,
Center for Medicare, CMS

Alice Lee-Martin, PharmD, Deputy Division Director, Division of Clinical &
Operational Performance, Medicare Drug Benefit and C & D Data Group,
Center for Medicare, CMS

Sarah Gaillot, PhD, Acting Deputy Director, Division of Consumer Assessment & Plan
Performance, Medicare Drug Benefit and C & D Data Group,
Center for Medicare, CMS

This session will provide participants with policy goals and potential options that CMS is considering and with the opportunity to provide CMS early feedback into the process. After re-evaluation of the impact of audits and enforcement actions on the Star Ratings, CMS may propose new policy for the 2018 Star Ratings in the Request for Comments this fall 2016.

Medicare Advantage Application Operational Changes (Panel)

Stacy Davis, BS, Health Insurance Specialist, Division of Medicare Advantage,
Medicare Drug & Health Plan Contract Administration Group,
Center for Medicare, CMS

Theresa Wachter, MA, Health Insurance Specialist, Division of Policy, Analysis, and
Planning, Medicare Drug & Health Plan Contract Administration Group,
Center for Medicare, CMS

Session Summaries, cont.

Marty Abeln, MPA, Policy Analyst, Division of Policy, Analysis, and Planning, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

This session will provide participants with an understanding of operation changes that occurred for the latest Medicare Advantage application cycle. Participants will receive an overview of changes and information related to CMS' application review process.

Improving Operations Through Audits

Michael DiBella, JD, Director, Division of Audit Operations, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS

Jennifer O'Brien, JD, CHC, Chief Compliance Officer, UnitedHealthcare

Kate Metzler, BA, Director of Regulatory Audits, UnitedHealthcare

Alison Green, MSJ, Prevention, Detection & Correction Compliance Director, UnitedHealthcare

Jennifer Smith, MPA, Director, Division of Analysis, Policy and Strategy, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS

UnitedHealthcare

This session will share the strategy implemented to drive organizational change and the effort to move to a sustainable audit readiness status in response to expectations and revised CMS Protocols. Included in this are learnings from previous CMS audits and our effort to embed compliance and accountability for outcomes more deeply into the business.

CMS

This session will provide an overview of various timeliness issues identified during Coverage Determinations, Appeals, and Grievances (CDAG) and Organization Determinations, Appeals, and Grievances (ODAG) audits. We will also discuss our approach to seek industry feedback on challenges to meet timeliness requirements.

Online Provider Directory Review

Jeremy Willard, MBA, Technical Advisor, Division of Surveillance, Compliance, and Marketing, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

Christine Reinhard, JD, MBA, Health Insurance Specialist/Technical Advisor, Division of Surveillance, Compliance, and Marketing, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

This session will provide participants with information related to Online Provider Directory review including methodology, findings, and common issues identified.

Care Coordination Measure Development

Donna Williamson, RN, Health Insurance Specialist, Division of Policy, Analysis, and Planning, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

Susan Radke, LCSW-C, Health Insurance Specialist, Division of Policy, Analysis, and Planning, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

Sarah Pedersen, MPP, Research Associate, IMPAQ International, Inc.

Erin Giovannetti, PhD, Senior Research Scientist, National Committee for Quality Assurance (NCQA)

This session will provide an overview of the work that CMS is conducting related to developing care coordination measures for Medicare Advantage and Special Needs Plans. During this presentation, we will discuss the importance of care coordination, potential measures currently undergoing development, and how they support the CMS Quality Strategy goals. The National Committee for Quality Assurance (NCQA) and IMPAQ International will discuss the methodologies used for developing care coordination measures, including the identification of candidate measures, data sources, stakeholder collaboration, and testing.

Session Summaries, cont.

Reducing Inappropriate Billing of Qualified Medicare Beneficiaries (QMBs)

Kim Glaun, JD, Health Insurance Specialist, Program Alignment Group, Federal Coordinated Health Care Office, CMS

This session will provide participants with an understanding of federal requirements for MA (Medicare Advantage) plans to educate network providers about billing prohibitions applicable to dual eligible beneficiaries. Federal law prohibits all Medicare providers (without exception) from charging Qualified Medicare Beneficiaries (QMBs) for Medicare cost-sharing, and States may hold other dual eligibles harmless for Medicare cost-sharing liability. Notwithstanding these provisions, confusion about QMB billing rules and inappropriate billing practices persist. In this presentation, we will highlight CMS' recent initiative to address QMB billing problems and discuss MA plan obligations and recommended steps to protect dual eligible enrollees from improper billing. In addition, we will review recent CMS manual revisions which clarify that MA providers may not discriminate against beneficiaries based on their QMB status.

Overview of the Comprehensive Addiction and Recovery Act (CARA)

Lisa Thorpe, JD, LLM, Health Insurance Specialist, Division of Part D Policy, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

Chad Buskirk, MPH, Health Insurance Specialist, Division of Part D Policy, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

This session will educate participants on the recent enactment of the Comprehensive Addiction and Rehabilitation Act. It will also discuss how this law impacts Medicare Part D, identifying potential stakeholders who will be most affected by it. This is a high-level summary of the law, with content focused on the circumstances which galvanized its passage, as well as personal stories of prescription drug abuse which reflect this.

Anti-Discrimination Rules and Regulations

Communication for People with Disabilities (Section 504)

Randy Brauer, AAS, Director, Offices of Hearings & Inquiries, CMS

Jim Slade, JD, Deputy Director, Offices of Hearings & Inquiries, CMS

This session will provide participants with an understanding of the requirements established by Section 504 of the Rehabilitation Act of 1973, its amendments, and implementing regulations, as well as plans' responsibilities relating to their ability to communicate with people with disabilities. CMS will also discuss Section 504's intersection with Section 1557 of the Affordable Care Act.

Communication for People with Limited English Proficiency (Section 1557)

Arlena Williams-Smith, Health Insurance Specialist, Division of Surveillance, Compliance, and Marketing, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

This session will provide participants with an understanding of Section 1557 of the Affordable Care Act, as it relates to the Notice, Nondiscrimination Statement, and Tagline requirements, Grievance Procedures and Compliance Coordinators. Section 1557 prohibits discrimination based on race, color, national origin, sex, age, or disability in certain health programs. The Section 1557 regulation identifies procedural and substantive requirements that reflect longstanding federal civil rights principles.



Speaker Bios



Marty Abeln

MPA, Policy Analyst, Division of Policy, Analysis, and Planning, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

Marty Abeln is a Team Leader in the Division of Policy, Analysis and Planning in the Medicare Drug and Health Plan Contract Administration Group. Mr. Abeln has worked on various facets of Medicare managed care policy for over 20 years and holds an MPA from the University of Arizona. In his spare time, Marty enjoys keeping bees, running and reading Roman history.

Randy Brauer

AAS, Director, Offices of Hearings & Inquiries, CMS

Randy Brauer has been employed by CMS for 15 years and is currently the Director of the Offices of Hearings & Inquiries. Prior to joining CMS, Randy worked at a private health insurance company in Western New York.

Chad Buskirk

MPH, Health Insurance Specialist, Division of Part D Policy, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

Chad Buskirk has been employed by CMS MDBG since November of 2015. From 2013 to 2015, he was a Peace Corps Volunteer in HIV prevention in Mozambique.

Sean Cavanaugh

MPP, Deputy Administrator and Director of the Center for Medicare, CMS

Sean Cavanaugh is the Deputy Administrator and Director of the Center for Medicare at CMS. He is responsible for overseeing the regulation and payment

of Medicare fee-for-service providers, privately-administered Medicare health plans, and the Medicare prescription drug program. Medicare provides health coverage to 50 million elderly and disabled Americans, with an annual budget of over \$550 billion. Prior to assuming his current role, Sean was the Deputy Director for Programs and Policy in the Center for Medicare and Medicaid Innovation. In that capacity, he was responsible for overseeing the development and testing of new payment and service delivery models, including accountable care organizations and medical homes. Previously, Mr. Cavanaugh was Director of Health Care Finance at the United Hospital Fund in New York City. He has also served in senior positions at Lutheran Healthcare (Brooklyn, NY), the New York City Mayor's Office of Health Insurance Access, and the Maryland Health Services Cost Review Commission. He started his career on Capitol Hill working for a member of the Ways and Means Health Subcommittee. He attended the University of Pennsylvania and the Johns Hopkins School of Hygiene and Public Health.

Stacy Davis

BS, Health Insurance Specialist, Division of Medicare Advantage, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

Stacy Davis has been employed by CMS for 13 years. She currently serves as the Contracting Officer's Representative (COR) on a contract awarded to Econometrica, adapting quality measures for the PACE program. Throughout her career, she has served in various positions overseeing operations of fee-for-service contractors, Medicare Advantage organizations, and PACE organizations.

Michael DiBella

JD, Director, Division of Audit Operations, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS

Michael DiBella is the Director of the Division of Audit Operations in the Medicare Parts C & D Oversight and Enforcement Group at CMS. Michael joined CMS in 2010 and has held various positions within the Oversight and Enforcement Group, including Auditor, Special Assistant, and Director of the Division of Compliance Enforcement. Michael received his Bachelor of Science degree in business administration from Mount St. Mary's University and his Juris Doctor from the University of Baltimore School of Law.

Sarah Gaillot

PhD, Acting Deputy Director, Division of Consumer Assessment & Plan Performance, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

Sarah Gaillot is the Acting Deputy Director of the Division of Consumer Assessment & Plan Performance in the Medicare Drug Benefit and C & D Data Group in the Center for Medicare at CMS. She leads the Part C Star Ratings and national implementation of the Consumer Assessment of Healthcare Providers & Systems (CAHPS) surveys for Medicare Advantage & Prescription Drug Plans. Prior to joining CMS, Sarah worked as a policy analyst at the RAND Corporation, supported the Institute of Medicine's Board on the Health of Select Populations, and was a Fulbright grantee to South Korea. Sarah holds a PhD in policy analysis from the Pardee RAND Graduate School.

CMS CONTINUING EDUCATION (CMSCE) DISCLOSURE STATEMENT: No one in a position to control the content of this activity has anything to disclose. The planners/developers of this activity have signed a disclosure statement indicating that he/she has no relevant financial interests. This activity was developed without commercial support.

Speaker Bios, cont.



Erin R. Giovannetti

PhD, Senior Research Scientist, National Committee for Quality Assurance (NCQA)

Erin R. Giovannetti (PhD, Johns Hopkins Bloomberg School of Public Health) is a Senior Research Scientist at the National Committee for Quality Assurance. Dr. Giovannetti's work focuses on developing health care performance measures for older adults and vulnerable populations. She leads efforts to develop and evaluate performance measures for the Medicare Advantage Part C Plan Rating program, Medicaid Managed Long-Term Services and Supports Plans and the Medicare-Medicaid Dual Eligible population. Dr. Giovannetti is currently involved in projects focused on developing measures for older adults with functional limitations based on the outcomes individuals identify as most important. Dr. Giovannetti also has worked extensively with patient reported outcomes and their use for quality assessment. Her research to date has explored how patient and family reported measures can be used for both care planning and performance measurement. Prior to joining NCQA, Dr. Giovannetti completed a fellowship at Johns Hopkins School of Medicine in the Division of Geriatric Medicine and Gerontology. At Johns Hopkins, she conducted research on best practices to support family caregivers to older adults with multiple chronic conditions.

Kim Glaun

JD, Health Insurance Specialist, Program Alignment Group, Federal Coordinated Health Care Office, CMS

Kim Glaun is a Health Insurance Specialist in the Federal Qualified Health Care Office (also known as the Medicare-Medicaid Coordination Office) at CMS in

Baltimore. Her work focuses on improving access to care and coverage for individuals who are dually entitled to Medicare and Medicaid. Prior to joining CMS, Kim Glaun worked for non-profit organizations that advocate for, assist, and educate Medicare beneficiaries.

Elizabeth Goldstein

PhD, Acting Deputy Director, Division of Consumer Assessment and Plan Performance, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

Liz Goldstein is the Acting Deputy Director of the Medicare Drug Benefit and C & D Data Group at CMS. Since 1997, she has been working on the development and implementation of CAHPS (Consumer Assessment of Healthcare Providers and Systems) Surveys in a variety of settings, including health and drug plans, hospitals, home health agencies, in-center dialysis facilities, hospices, and outpatient surgical departments. She oversees the Part C Star Ratings, the Star Ratings for Medicare Advantage quality bonus payments, Medicare HEDIS data collection, Part D enrollment analyses, and consumer testing related to plan choice communications and patient experience of care surveys.

Alison Green

MSJ, Prevention, Detection, & Correction Compliance Director, UnitedHealthcare

Alison Green has been employed by UnitedHealth Group from May 2011 – present. She has held various roles in the Compliance department, supporting the UnitedHealthcare Medicare & Retirement business. Currently, Ms. Green leads the UHC – M&R Prevention, Detection & Correction Compliance team which supports the day-to-day operations of the Medicare

Compliance Program in collaboration with the Medicare Compliance Officer.

Michelle Ketcham

PharmD, MBA, Director, Division of Clinical & Operational Performance, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

Michelle Ketcham is the Director of the Division of Clinical and Operational Performance in the Medicare Drug Benefit and C & D Data Group in the Center for Medicare at CMS. She has been with CMS for over 11 years, and her division is responsible for first line monitoring and oversight of all Part D sponsors offering the Medicare Prescription Drug Benefit. These responsibilities include the public release of the Part D Star Ratings (that includes data on quality and performance measures) on the Medicare Plan Finder and the CMS website, Part D program analyses, Part D reporting requirements, Overutilization Monitoring System (OMS), and Medication Therapy Management (MTM) programs. Her career has also included positions at a large national PBM and as a pharmacist and pharmacy manager for a community pharmacy. Dr. Ketcham received her Doctor of Pharmacy from the Philadelphia College of Pharmacy (University of the Sciences) and her MBA in finance from Loyola College in Maryland.

Alice Lee-Martin

PharmD, Deputy Division Director, Division of Clinical & Operational Performance, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

Alice Lee-Martin is the Deputy Division Director of the Division of Clinical and Operational Performance in the Medicare Drug Benefit and C & D Data Group in the

Speaker Bios, cont.



Center for Medicare at CMS. She joined CMS in 2005 to support the implementation of the Part D benefit. Her division is responsible for first line monitoring and oversight of all Part D sponsors offering the Medicare Prescription Drug Benefit. These responsibilities include the public release of the Part D Star Ratings (that includes data on quality and performance measures) on the Medicare Plan Finder and the CMS website, Part D program analyses, Part D reporting requirements, Overutilization Monitoring System (OMS), and Medication Therapy Management (MTM) programs. Prior to CMS, Alice served in various roles as a clinical pharmacist, P&T co-chair, and regional and area clinical coordinators for a large national HMO. Alice received her Doctor of Pharmacy from the University of Maryland.

Kate Metzler

BA, Director of Regulatory Audits, UnitedHealthcare

Kate Metzler is the Director of Audit Management-Regulatory Audits for UnitedHealthcare. Kate and her team manage regulatory audits of UnitedHealthcare Medicare, Medicaid, and commercial business. As a part of the compliance team, Kate works closely with leaders and business partners to ensure readiness for and responsiveness to external audits conducted by state and federal regulators and their representatives. Before joining UnitedHealthcare in 2008, Kate worked with another Fortune 100 healthcare organization. Her professional experience includes leadership positions in the executive office and departments of state government as well as a large non-profit organization. Kate's work has focused on government relations with executive leadership and legislative officials, communications with diverse constituencies, and client

and account management. She received her bachelor's degree from Beloit College in Beloit, Wisconsin, and is currently completing her Master of Arts in Organizational Leadership.

Jennifer O'Brien

JD, CHC, Chief Compliance Officer, UnitedHealthcare

Jennifer O'Brien has been with UnitedHealthcare for six years and serves as Chief Compliance Officer. Prior to that, Ms. O'Brien was the Chief Compliance Officer for a large integrated health system, a partner in a law firm, and a former prosecutor for the MN Attorney General's Office. Ms. O'Brien serves on the Board of Directors for the Society of Corporate Compliance & Ethics and the Health Care Compliance Association (SCCE/HCCA) and has served as an adjunct professor at Hamline Law School teaching a health care compliance skills course.

Sarah Pedersen

MPP, Research Associate, IMPAQ International, Inc.

Sarah Pedersen has been employed by IMPAQ International, a CMS contractor, from June 2012 to present as a researcher in the firm's health division.

Susan Radke

LCSW-C, Health Insurance Specialist, Division of Policy, Analysis, and Planning, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

Susan Radke has been employed at CMS since 1998 and currently works in the Medicare Drug & Health Plan Contract Administration Group, Division of Policy, Analysis, and Planning.

Christine Reinhard

JD, MBA, Health Insurance Specialist/Technical Advisor, Division of Surveillance, Compliance, and Marketing, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

Christine Reinhard has been with CMS since 1995, working in managed care since 1998. Her previous work has focused on many aspects of the Part C and Part D programs including bid submissions, plan benefits, auditing, enforcement actions, and financial analysis of contractors. She is currently the Part C compliance lead.

Jim Slade

JD, Deputy Director, Offices of Hearings & Inquiries, CMS

Jim Slade is the Deputy Director of the Offices of Hearings & Inquiries. He joined CMS in 2005 to help implement Medicare Part D. Since that time he has worked in the Medicare and Marketplace arenas, as well as Medicaid as it relates to Medicare and Marketplace.

Jennifer Smith

MPA, Director, Division of Analysis, Policy and Strategy, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS

Jennifer Smith joined CMS in 1998 as a Presidential Management Intern and has spent much of her career focusing on Medicare contractor and plan oversight, operations, and compliance. She has held a variety of positions within CMS' Program Integrity Group, Medicare Enrollment and Appeals Group, the Employer Policy & Operations Group, and her current group's predecessor, the Program Compliance and Oversight Group. In her current position, Jennifer is responsible

Speaker Bios, cont.



for developing the audit strategy for the Medicare Advantage, Prescription Drug, and PACE programs, as well as developing audit, enforcement, and compliance program effectiveness policy for the MA and Part D programs. Jennifer received her bachelor's degree in criminal justice and her master's degree in public administration, both from the University of Delaware.

Lisa Thorpe

JD, LLM, Health Insurance Specialist, Division of Part D Policy, Medicare Drug Benefit and C & D Data Group, Center for Medicare, CMS

Lisa Thorpe develops, interprets, and implements Medicare Part D policy. She evaluates the effectiveness of existing policies and reviews proposed policies for potential impact on the Medicare Part D program. In addition, Lisa assists in analyzing and implementing internal processes and procedures to assure policy adherence in Medicare Part D program operations and monitoring. Lisa assists other areas in CMS with policy issues involving the Medicare Part D program to facilitate agency coordination. Previous employers include major health insurance companies, a state insurance department, health care regulatory law firms, and a managed care trade association. Lisa graduated cum laude with her Bachelor of Arts from Tufts University, Medford, Massachusetts, acquired her Juris Doctor from The Dickinson School of Law, Carlisle, Pennsylvania, and her Masters of Laws from the University of Tuebingen in Germany.

Theresa Wachter

MA, Health Insurance Specialist, Division of Policy, Analysis and Planning, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

Theresa Wachter has been employed by CMS as a Health Insurance Specialist since January 2015. She previously worked as an independent consultant for the Annie E. Casey Foundation.

Jeremy Willard

MBA, Technical Advisor, Division of Surveillance, Compliance, and Marketing, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

Jeremy Willard is a Technical Advisor in the Division of Surveillance, Compliance, and Marketing within the Medicare Drug & Health Plan Contract Administration Group for CMS. The Division of Surveillance, Compliance, and Marketing is responsible for Medicare Advantage Marketing policy and Part C compliance. Prior to taking his current position, Jeremy served as the manager of the Medicare Advantage Branch for the Philadelphia Regional Office of CMS. Jeremy has also served as the Acting Director of the Division of Medicare Advantage Operations as well as Acting Director of the Division of Surveillance, Compliance, and Marketing, both in the Medicare Drug & Health Plan Contract Administration Group. In addition to his work for CMS, Jeremy has worked for a large national health plan as a compliance manager. Jeremy holds a Bachelor of Science in Business Management from Bloomsburg University of Pennsylvania and a Master of Business Administration from Saint Joseph's University.

Arlena Williams-Smith

Health Insurance Specialist, Division of Surveillance, Compliance, and Marketing, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

Arlena Williams-Smith, a current CMS employee, has been with the agency since March 2013 as a Health Insurance Specialist in the Division of Surveillance, Compliance,

and Marketing (DSCM). From October 1997 to March 2013, she was employed as the Quality Improvement and Compliance Manager at Kaiser Permanente.

Donna Williamson

RN, Health Insurance Specialist, Division of Policy, Analysis, and Planning, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

Donna Williamson has worked at CMS since 2005 and currently works in the Center for Medicare, in the Medicare Part C & D Contract Administration Group. Donna's areas of focus include Medicare Advantage policy and quality improvement projects. Donna has previously worked in the Center for Clinical Standards and Quality as the Government Task Lead for the QIO Beneficiary Protection Theme. Primary responsibilities included oversight of QIO beneficiary protection and quality improvement activities and measuring contract performance along with program impact.

SPECIAL NOTE: For CMS' continuing education certification process, and because of the speaker disclosure, we must include the backup speaker bios below, although they are not listed on the agenda.

Cynthia Anderson

PMP, MPA, Section 504 Program Manager, Offices of Hearings & Inquiries, Office of the Director, CMS

Cynthia Anderson has been employed by CMS since 2007 and is currently on a detail from the CMS Innovation Center (CMMI) where she served as the Deputy Group Director of the Policy and Programs Group to the Offices of Hearings & Inquiries (OHI) to help implement Section 504 of the Americans with

Speaker Bios, cont.



Disabilities Act. Ms. Anderson is a certified Project Management Professional (PMP) and received a Master of Public Administration (MPA) from American University as part of the Key Executive Leadership Program.

Kerry Casey

MPP, Health Insurance Specialist, Division of Surveillance, Compliance, and Marketing, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, CMS

Kerry Casey has been at CMS with the Medicare Drug & Health Plan Contract Administration Group in the Division of Surveillance, Compliance, and Marketing since 2013.

Sharon Donovan

Group Director, Program Alignment Group, Medicare-Medicaid Coordination Office, CMS

Sharon Donovan has served as the Director of the Program Alignment Group in CMS' Medicare-Medicaid Coordination Office since October, 2010. Prior to that, she worked in CMS' Medicare program, leading efforts to ensure low-income beneficiaries' access to and enrollment in the Medicare Part D prescription drug benefit. She also worked for CMS in the Medicaid managed care, waivers, and demonstration area, and prior to that for Montana Medicaid developing and implementing managed care programs.

Kady Flannery

PharmD, Deputy Director, Division of Analysis, Policy, and Strategy, Medicare Parts C & D Oversight and Enforcement Group, Center for Medicare, CMS

Kady Flannery is the Deputy Director of the Division

of Analysis, Policy and Strategy, Medicare Parts C & D Oversight and Enforcement Group at CMS in Baltimore, Maryland. She is primarily responsible for the overall development of a comprehensive audit strategy, objectives, and measures for overseeing an effective compliance and oversight program for Medicare Advantage (MA) Organizations and Medicare Prescription Drug Plans as well as the development and implementation of policy related to audit, enforcement, and compliance program effectiveness for the MA and Part D programs. Kady joined CMS in 2005 and served more than 8 years in the Division of Formulary and Benefit Operations, Medicare Drug Benefit and C & D Data Group as a member of the Formulary Team, as the Benefit Team lead and lastly as the Division's Senior Technical Advisor. Before coming to CMS, Kady was a clinical pharmacist at the Baltimore VA Medical Center where she had earlier completed a clinical residency and fellowship program. She holds a Doctorate of Pharmacy from the University of Maryland, Baltimore.

Gayle Pryde

RN, MBA, CHPC, CHC, CCEP, CPHQ, CPHRM, UnitedHealthcare Clinical Compliance Officer, UnitedHealthcare

Gayle Pryde is the Clinical Compliance Officer for UnitedHealthcare (UHC). Gayle provides oversight and strategic direction for the clinical business' compliance program, collaborating with leaders across the clinical organization to ensure the business exceeds all federal and state compliance requirements. Before becoming the UHC Clinical Compliance Officer, Gayle

was the Director of Corrections and Compliance for UHC Medicare & Retirement Operations Compliance. Before joining UHC in 2012, Gayle was the Director of Compliance Program and Quality for XLHealth. She also served as Senior Managed Care Consultant for Glenridge Healthcare Solutions and Vice President Enterprise Risk Management/Chief Compliance Officer for Erickson Retirement Communities, where she served collectively for a period of seven years. Her 29 years' experience in the healthcare industry spans the areas of nursing, compliance, risk management, internal audit, performance improvement (quality), risk financing, utilization and case management. Prior to joining UHC, she served in senior leadership roles in different healthcare industries to include senior living, hospitals, home health agencies, physician practices and managed care.

On-site Participants



Housekeeping Rules

- All visitors must be in possession of a valid and current government issued form of photo identification, such as a driver's license, age of majority card, passport or visa; and will be subject to a thorough vehicular inspection.
- Conference attendees must restrict themselves to the first floor Central Building Lobby, Conference Room Center, and Lower Level Lobby/Cafeteria in the Central Building.
PLEASE NOTE: VISITORS MUST BE ESCORTED BY A CMS EMPLOYEE OUTSIDE OF THE AREAS LISTED ABOVE.
- Food and beverages are not allowed in the Grand Auditorium, so please refrain from bringing items into these areas.
- Smoking is **not permitted** anywhere in the CMS complex. You must go offsite to smoke.
- Telephones and restrooms are located just outside the Pre-function Area on the left before you go back to the Central Building first floor lobby and also across the first floor lobby near the central building security desk.
- The cafeteria is located on the lower level of the Central Building. Lunch will begin at 11:45 am. There will be an afternoon break at 2:45 pm. Please have your money ready for the cashier when you get in line.

Hotel and Travel Accommodations

Conference Venue

Centers for Medicare & Medicaid Services
Grand Auditorium
7500 Security Boulevard
Baltimore, MD 21244

Baltimore/Washington International Airport (BWI) serves as the most convenient airport in the Baltimore, MD area. For additional airport, ground transportation, car rentals, and shuttle information, please click [here](#).

For hotel accommodations, it is recommended that you lodge in [downtown Baltimore](#) or near the [Baltimore Washington International airport](#).

On-site Participants, cont.

Transportation

AMTRAK

Our city is served by AMTRAK which is located at Pennsylvania Station (Penn Station), five minutes north of the downtown area. The fast moving Metro liner has brought back the grand age of trains between Baltimore, Washington, DC, Philadelphia, and New York. The MARC commuter train operates weekdays along the Baltimore/Washington corridor with two lines that leave from Washington's Union Station and arrives in Baltimore at either Camden or Penn Station.

BWI Airport Shuttle and Taxi Service

Baltimore/Washington International Airport (BWI) is approximately 14 miles away — a 15-30 minute ride to CMS. The taxi fare from the airport vicinity to CMS can vary in price (approximately \$20-\$30). Also, there are various shuttle services available. You'll need to contact them directly to arrange for this service and confirm their current prices along with the departure/arrival schedules.

If a [taxi service](#) is required to and/or from the CMS Main Auditorium, it is recommended that you schedule your taxi service in advance for drop off and/or pick up. For helpful tips while visiting the Baltimore, MD area, please click [here](#).

Car Rental

The majority of car rental agencies listed below service BWI Airport:

- Alamo
- Avis*
- Budget
- Dollar*
- Enterprise*
- Hertz*
- National
- Thrifty*

*Provides vehicles with hand controls for drivers with special needs.

Directions

Southbound

From New York City: I-95 South to I-695 East (Baltimore Beltway) towards Glen Burnie. Follow I-695 to Exit 17 (Security Boulevard – West). Follow Security Boulevard to the end and CMS' main entrance will be located on your right.

From Central Pennsylvania: I-83 South to I-695 East (Baltimore Beltway) towards Glen Burnie. Follow I-695 to Exit 17 (Security Boulevard – West). Follow Security Boulevard to the end and CMS' main entrance will be located on your right.

Northbound

From Washington, DC: I-95 North to I-695 West (Baltimore Beltway) towards Towson. Follow I-695 to Exit 17 (Security Boulevard – West) toward Rolling Road. Follow Security Boulevard to the end and CMS' main entrance will be located on your right.

From BWI Airport: Baltimore and Washington Parkway (MD-295) to I-695 West (Baltimore Beltway) towards Towson to Exit 17 (Security Boulevard – West) toward Rolling Road. Follow Security Boulevard to the end and CMS' main entrance will be located on your right.

General Information

Check-in/Badging

Check-in is located in the main lobby at CMS for non-CMS participants, and will open Thursday, September 8th, from 8:30 am until 9:30 am EDT. All Medicare Advantage & Prescription Drug Plan Fall Conference & Webcast attendees and sponsors are required to wear their badges at all times during the event. Badges are not transferable.



On-site Participants, cont.

Changes/Cancellations

If your organization's representative is unable to attend, please email us at CTEO@cms.hhs.gov immediately so that we can accommodate other participants on-site.

Accommodations for People with Special Needs*

- Assistive listening devices for the hearing impaired
- Captioning services
- Interpreters
- Foreign language services
- Special mobility service for the physically challenged
- Large print or Braille material
- Special access considerations
- Designated areas for wheelchairs and visually impaired

*May be available upon request by **Thursday, September 1, 2016.**

Automated Teller Machine (ATM)

For your convenience, there is an ATM cash machine on the lower level next to the Credit Union.

Mobile Phone Use

Please be courteous to conference speakers and fellow attendees by silencing your mobile phones while attending sessions.

First Aid Information

Due to the large size of the facility, be prepared to identify the location of the emergency exits. A first aid station is available within CMS. We ask that conference attendees please contact event staff immediately should you require assistance.

Security/Emergency Information

Building security is available 24 hours a day, 365 days a year and is responsible for the overall protection of the CMS facility, property, visitors, and employees, as well as for providing service and assistance to all patrons.

Smoking Policy

CMS is a nonsmoking building. Smoking is prohibited in all areas.

Lunch Service Options at CMS

Order lunch from the CMS cafeteria from your mobile device or online and have it ready and waiting for you in the building! That's right — no need to spend money on gas — just beat the heat and relax at your seat as we prepare your lunch for you! The CMS cafeteria accepts all major credit cards.

PRE-ORDERS DEADLINE DATE:


Thursday, September 1st by 11:59 pm EDT.









On-site conference attendees can pre-order their lunch in advance in order to expedite the process. Pre-orders must be done online (see links below) no later than **11:59 pm EDT, Thursday, September 1st.**

You must create an account and password in order to place your order for pickup at 7500 Security Blvd.

- **Catering Made Easy:**
<https://cms.catertrax.com/shopcatgroup.asp?id=1&intOrderID=&intCustomerID=>
- **Simply to Go Catering:**
<https://cms.catertrax.com/shopcatgroup.asp?id=2&intOrderID=&intCustomerID=>

On-site Participants, cont.

 **CHECKLIST** In preparation, we encourage you to take a few minutes to review the following:

-  **ONLY PRE-AUTHORIZED EVENT ATTENDEES WILL BE ALLOWED ON-SITE:** *Please arrive at CMS' Headquarters no later than one hour before the start of the event* in order ensure that all event attendees are able to clear the CMS security procedures and are comfortably prepared to attend the event.
-  **Note:** Please provide the CMS Security Guards at the front gate with your first and last name, valid and current photo ID and the nature of your visit (ex: CMS Medicare Advantage & Prescription Drug Plan Fall Conference & Webcast event.) Only registered/pre-authorized attendees on our list will be allowed to enter CMS.
-  **Parking:** Visitor parking is available and is indicated by white lines. Do not park between the yellow lines as there is the risk of your vehicle being ticketed and towed.
-  **CMS Onsite Security Procedures:** CMS security procedures comprise of a vehicle search, walkthrough scanning device, and X-ray scanning of personal items. All visitors must provide at least one form of a valid photo ID (ex: drivers license); and will be signed in by a member of the conference staff who will escort you to the CMS auditorium.
-  **CMS Auditorium:** All visitors will be briefed on the resources and amenities of CMS upon arrival and will have access to the CMS auditorium. The CMS Auditorium is equipped with a live video/audio feed of the webcast.
-  **Lunch Service Options at CMS:** **PRE-ORDERS DEADLINE DATE: Thursday, September 1st by 11:59 pm EDT.** *You must create an account and password in order to place your order for pickup at 7500 Security Blvd. Catering Made Easy:* <https://cms.catertrax.com/shopcatgroup.asp?id=1&intOrderID=&intCustomerID=> or *Simply to Go Catering:* <https://cms.catertrax.com/shopcatgroup.asp?id=2&intOrderID=&intCustomerID=>.
CMS Farmers Market: Local farmers and producers will sell fresh fruits, vegetables, artisan breads, and more from 10:30 am – 1:30 pm in the Central Building Lower Lobby Courtyard. When we eat locally grown foods, including fresh fruits and vegetables, we promote good health, help support local farmers, and reduce our personal environmental footprints. Shop...Buy...and Eat Locally!
-  **Event Materials:** In our efforts to “Go Green”, we ask that you download and print event materials (i.e., agenda, presentations, conference guide, etc.) prior to your arrival to the event — click here: http://www.cms.gov/Outreach-and-Education/Training/CTEO/Upcoming_Current_Events.html.
-  **Your Points of Contact:** Should you encounter any difficulties during your travels to CMS Headquarters, please contact us via email at CTEO@cms.hhs.gov.

Webcast Participants



Viewing Tips for YouTube and USTREAM

This conference can be viewed virtually by using two different application platforms, YouTube and USTREAM.

YouTube: In order to view the live stream of the conference via YouTube, make sure you have the most up to date browser and a good Internet connection. If you are having difficulty playing the following live stream please either use Internet Explorer to view the live stream or change your YouTube player from Flash to HTML5 and refresh your browser window. The Flash based YouTube player is currently not accessible to screen readers. [Click here to visit the YouTube HTML5 page to switch your player if you are having trouble playing this video.](#)

USTREAM: To learn more information regarding tips for the best viewing experience on “USTREAM,” click this link: <https://ustream.zendesk.com/entries/22546906-Tips-for-Best-Viewing-Experience-on-Ustream>.

You will be able to obtain information and instructions on how to:

- Watch at a lower quality
- Update browser
- Install and update Adobe Flash
- Check internet and bandwidth
- Check computer resources
- Disable or enable hardware acceleration
- Check that USTREAM content is not blocked by an Ad-Blocker, Firewall, or being filtered on your local network
- Solve the most common problems
- View the event from a mobile device — most streams on USTREAM are available for viewing on iOS and Android devices

How to Join the Webcast

Please Note: In order to join the live webcast, you must register for this

event. Only confirmed registered participants, will be able to access and join the live webcast.

The webcast will be held Thursday, September 8, 2016, from 9:30 am – 4:30 pm EDT. **To facilitate easy access to the webcast, please log in between 8:00 am – 9:30 am EDT on September 8, 2016.** The webcast will begin at 9:30 am EDT.

All participants will be able to see and, using speakers and/or headphones, hear the webcast via their computer. Participants will not be able to participate verbally during the webcast.

Technical Support

CMS will provide a call-in feature for this event for use by those attendees who (1) cannot access sound from their computers, or (2) may experience technical difficulties. Attendees should not call the teleconference line unless it is necessary to hear the webcast.

Attendees should report **technical difficulties** by contacting the CTEOTechSupport Team via email at CTEOTechSupport@cms.hhs.gov during the webcast. If you need to utilize the call-in feature, the number will be provided to you at that time.



CHECKLIST In preparation, we encourage you to take a few minutes to review the following:



In order to join the live webcast, you must register for this event. Only confirmed registered participants will be able to access and join the live webcast.



Click the following link to get more information regarding tips for the best viewing experience on USTREAM: <https://ustream.zendesk.com/entries/22546906-Tips-for-Best-Viewing-Experience-on-Ustream>.



Report technical difficulties by contacting the CTEOTechSupport team via email at CTEOTechSupport@cms.hhs.gov during the webcast. If you need to utilize the call-in feature, the number will be provided to you at that time.

Continuing Education Activity Information & Instructions



Activity Description

The goal of this activity is to educate Medicare Advantage and Prescription Drug Plan Sponsoring Organizations, CMS staff and other CMS partners, staff-level operations, mid-level management and senior executives regarding updates to existing Medicare policies, new policies, policy updates, and technology updates; provide enrollment and eligibility understanding for various Medicare beneficiaries; and how to fight fraud and abuse within the Medicare program.

Credits Available

CMS is evaluating this activity for continuing education (CE) credit. The number of credits awarded will be calculated following the activity based on the actual learning time. Final CE information on the amount of credit and post-activity assessment and evaluation will be available to participants after the live activity.

Accreditation Statements

[Please click here for accreditation statements.](#)

Additional Continuing Education Activity Information

http://www.cms.gov/Outreach-and-Education/Training/CTEO/Upcoming_Current_Events.html.



Additional Resources



CTEO Website

To learn more about this event and future events, please visit our website:

http://cms.gov/Outreach-and-Education/Training/CTEO/Compliance_Training_Education_and_Outreach.html.

Event Materials

Event materials can be found on our Outreach and Education web page at: http://www.cms.gov/Outreach-and-Education/Training/CTEO/Upcoming_Current_Events.html.

Post Event Online Survey

Please complete your *Medicare Advantage & Prescription Drug Plan Fall Conference & Webcast* evaluation survey online at:

https://www.surveymonkey.com/r/2016_Fall_Participant_Survey_Final

The survey will be available until 9:00 pm EDT, Wednesday, September 14, 2016.

Technical Support

Report technical difficulties by contacting the CTEOTechSupport Team via email at CTEOTechSupport@cms.hhs.gov during the webcast.



Special Thanks

CM Leadership

CMS & Guest Speakers

OC – CMS Division of Design Services

OOM – CMS Logistical & Technical Team

CMS' Continuing Education (CMSCE) Team

CTEO Team – CM/BOS2 Staff & PRI (CTEO
Contractor Support)



7500 Security Boulevard
Baltimore, MD 21244